

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Y</i>	35331	
<b>O.I.P.E. CLASSIFIER</b>	<i>L</i>		
<b>FORMALITY REVIEW</b>		69652	<i>1/12/02</i>
<b>RESPONSE FORMALITY REVIEW</b>		701	<i>1/15/02</i>

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	10/31/01
2	2/13/02
3	<i>5730/02</i>
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Claim	Date
Final	
Original	
51	10/31/01
52	2/13/02
53	<i>5730/02</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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